

# 2025 Approach to Orthopedic Coding

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Dr. Parker is Chief Coding Officer for HCFS of TeamHealth and President of Team Parker, a coding, compliance and revenue cycle consulting group. All content and opinions are my own.

# ACEP Course Description

1. Identify commonly reported ED Orthopedic services.
2. Review current CPT guidance for the reporting of common fractures.
3. Discuss best practices related to Orthopedic services.

# Services Provided in the ED

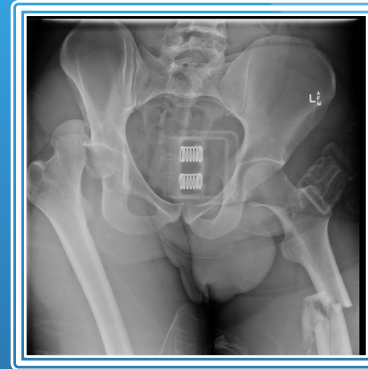
- Fracture/Dislocation care
- Anesthesia/Sedation care
- "Hand" services (including tendon, finger amputation and nail care)
- Arthrocentesis, aspiration, I&D
- Splint/Straps/Casts

*The orthopedic services provided in the ED have dramatically increased the last 30 years.*

# ED Fracture/Dislocation



*Shoulder*



*Hip*



*Elbow*

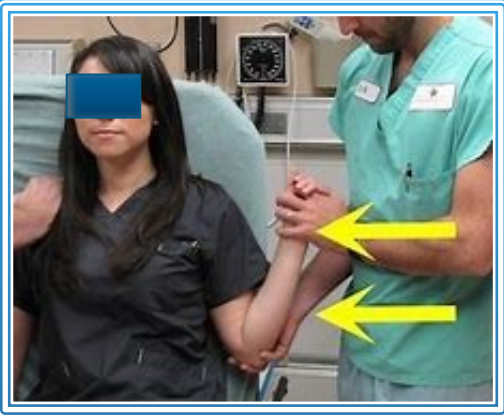


*Finger*



*Hip (prosthetic)*

# ED Fracture/Dislocation



*Shoulder Reduction*



*Hip Reduction  
(Captain Morgan)*

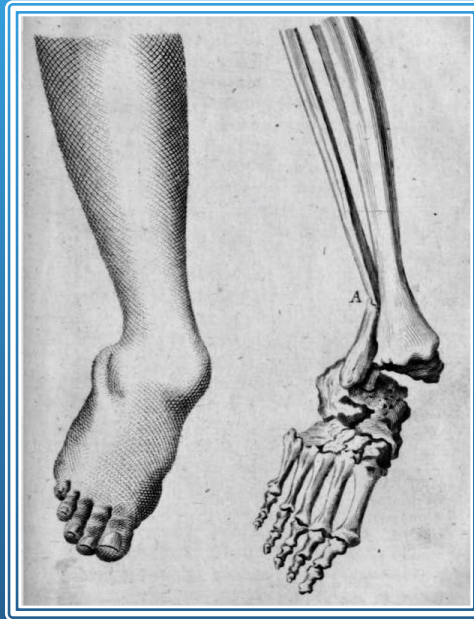


*Elbow Reduction*

# ED Fracture/Dislocation



*Radius/Ulna  
(FOOSH)*



*Ankle  
(Trimalleolar)*



*Mid-Radius/Ulna*

# ED Fracture/Dislocation



*Impacted Radius/Ulna*



*Ankle  
(Bimalleolar)*



*Shoulder  
Dislocation  
w/Humerus Fx*

# ED Fracture/Dislocation



*Wrist  
Fracture  
Reduction*

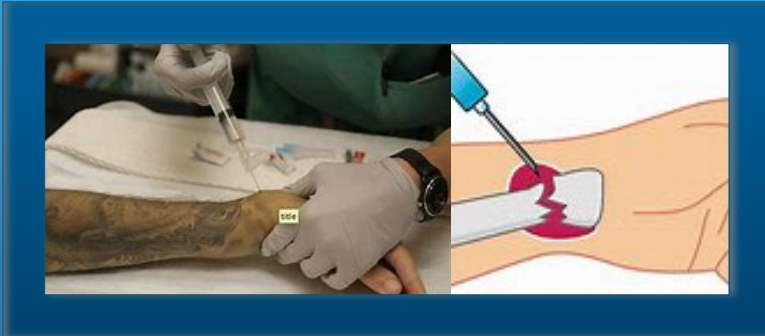


*Finger Traps*



*Ankle  
Fracture  
Reduction*

# ED Anesthesia/Sedation



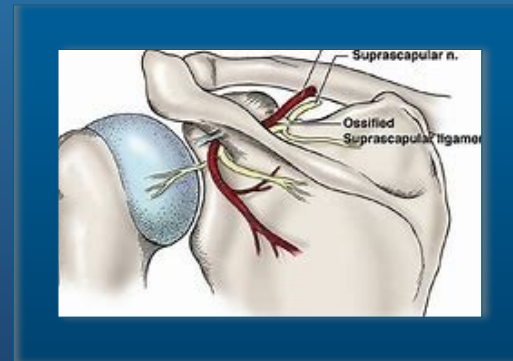
*Hematoma Block*



*Moderate (Conscious) Sedation*

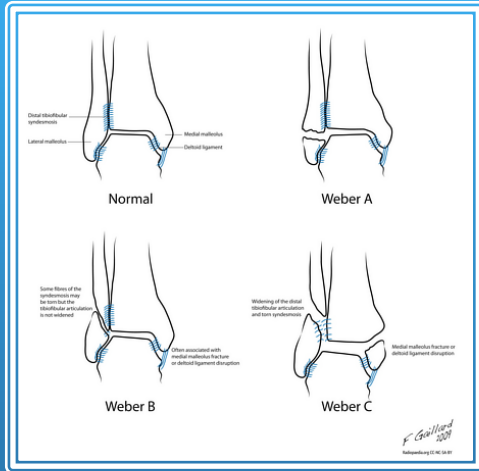


*Digital Block*

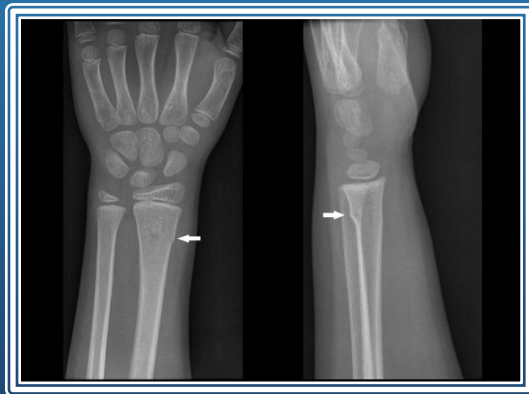


*Regional Nerve Block*

# ED Fracture (no reduction)



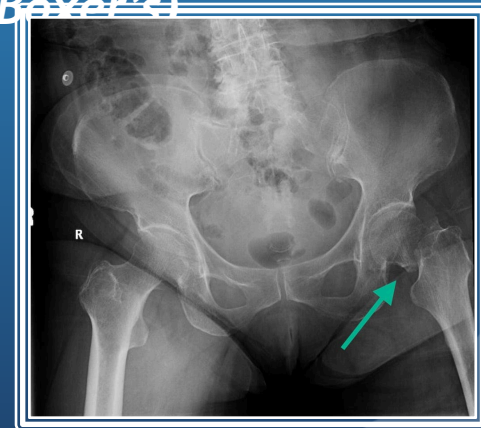
**Ankle fracture**



**Distal Radius  
(Buckle)**



**5<sup>th</sup> Metacarpal  
(Boxer's)**



**Proximal Femur  
(neck)**

# CPT Definitions

## *Fracture and/or Dislocation Treatment*

*Fracture and dislocation treatment codes appear throughout the Musculoskeletal System section. These codes are categorized by the type of treatment (closed, percutaneous, open) and type of stabilization (fixation, immobilization). There is no coding correlation between the type of fracture/dislocation (eg, open [compound], closed) and the type of treatment (eg, closed, percutaneous, open) provided. For example, a closed fracture may require open treatment.*

*Source: 2025 CPT Manual, page 133; yellow font added for emphasis*

# CPT Definitions

*Fracture and/or Dislocation Treatment*

**ED Treatment: closed, immobilization**

*Source: 2025 CPT Manual, page 133; yellow font added for emphasis*

# CPT Definitions

## *Fracture/Dislocation Treatment Definitions*

***Manipulation: Reduction by the application of manually applied forces or traction to achieve satisfactory alignment of the fracture or dislocation. If satisfactory alignment (reduction) is not maintained and requires subsequent re-reduction of a fracture or dislocation by the same physician or same qualified health care professional, append modifier 76 to the fracture/dislocation treatment code.***

*Source: 2025 CPT Manual, page 133; yellow font added for emphasis*

# CPT Definitions

## *Fracture/Dislocation Treatment Definitions*

***Traction:*** *The application of a distracting or traction force to the spine or a limb. Skeletal traction includes a wire, pin, screw, or clamp that is attached to (penetrates) bone. Skin traction is the application of force to a limb using strapping or a device that is applied directly to the skin only.*

*Source: 2025 CPT Manual, page 133; yellow font added for emphasis*

# CPT Definitions

## *Fracture/Dislocation Treatment Definitions*

***Closed treatment:*** The treatment site is ***not surgically opened*** (ie, not exposed to the external environment nor directly visualized). ***Closed treatment of a fracture/dislocation may be performed without manipulation (eg, application of cast, splint, or strapping), with manipulation, with skeletal traction, and/or with skin traction.***

***Casting, splinting, or strapping used solely to temporarily stabilize the fracture for patient comfort is not considered closed treatment.***

*Source: 2025 CPT Manual, page 133; yellow font added for emphasis*

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*Source: 2025 CPT Manual, page 133; yellow font added for emphasis*

# CPT Definitions

## *Reporting Fracture and/or Dislocation Treatment Codes*

*The physician or other qualified health care professional providing fracture/dislocation treatment should report the appropriate fracture/dislocation treatment codes for the service he or she provided.* *If the person providing the initial treatment will not be providing subsequent treatment, modifier 54 should be appended to the fracture/dislocation treatment codes. If treatment of a fracture as defined above is not performed, report an evaluation and management code.*

*Source: 2025 CPT Manual, page 133; yellow font and underline added for emphasis*

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*Source: 2025 CPT Manual, page 133; yellow font and underline added for emphasis*

# ED Fracture Care

Examples of ED Fracture/Dislocation Treatment:  
Manipulation, Traction, Closed Treatment

- Dislocation reductions
- Fracture/Dislocation reduction
- Fracture reductions (with manipulation)

# ED Fracture Care

## ED Fracture/Dislocation Treatment without Manipulation

### **3. Can emergency physicians code for fracture care where no manipulation is required? For example, what does the uncomplicated toe phalangeal fracture code CPT 28510 include?**

Per CPT, the definition of closed treatment is: “The treatment site is not surgically opened (i.e., not exposed to the external environment nor directly visualized). Closed treatment of a fracture/dislocation may be performed without manipulation (e.g., application of cast, splint, or strapping), with manipulation, with skeletal traction, and/or with skin traction. Casting, splinting, or strapping used solely to temporarily stabilize the fracture for patient comfort is not considered closed treatment.” If the emergency physician does not expect to provide the 90-day follow-up care usual for such a condition, a -54 modifier should be appended to the code.

*Source: ACEP Orthopedic Fracture/Dislocation FAQ, May 2024*

# CPT - Surgical Package

## Bundled w/Fracture Care

E/M services subsequent to decision for surgery

Local infiltration, metacarpal/metatarsal/digital block (includes hematoma block)

Immediate post operative care, typical postop FU care

Splint/strap/cast

## Not Bundled w/Fracture Care

XR (or other radiology) interpretation

Regional blocks

Moderate (Conscious) Sedation

*Source: 2025 CPT Manual, pages 80 and 133*

# CMS - Global Surgical Package

CMS defines surgeries as major or minor, with services bundled based on number of days:

1. Major: 90 day
2. Minor: 0-10 day
  - Modifier 54 not required for POS 23 (ED)

# Initial Placement or Replacement of Splint/Strapping

- Codes 29000-29799
- Report a cast, splint or strap:
  - If the initial musculoskeletal services performed do not meet the CPT definition of Fracture and/or Dislocation Treatment
    - *Casting, splinting, or strapping used solely to temporarily stabilize the fracture for patient comfort is not considered closed treatment.*
  - Subsequent replacement of a splint/strap
  - Code with an E/M code, when appropriate.
- ED physicians, rarely, if ever, apply casts

# Initial Placement or Replacement of Splint/Strapping

What about incident to in the ED?

**6. Under which conditions can an emergency physician apply a splint/strap procedure code (CPT 29000–29799)? Does the physician have to apply a splint/strap to utilize these codes — personally?**

The CPT-identified splint/strap services are described in CPT as being provided to "stabilize, protect or provide comfort." The CPT codes for these services may be reported by the emergency physician for the replacement or initial application, except when the splint/strap is part of any restorative care (when restorative, use the appropriate orthopedic service code - see FAQ number 2). Thus, one may utilize the splint/strap or fracture management codes for restorative care, but not both.

If a physician supervises the application of a splint or strap, then a splint/strap application procedure code may be reported.

*Source: ACEP Orthopedic Fracture/Dislocation FAQ, May 2024*

# Initial Placement or Replacement of Splint/Strapping

What about a prefabricated splint?

## 7. Can an emergency physician bill for the application of a prefabricated splint? —

If an “off-the-shelf” or prefabricated splint is applied, the facility should report the appropriate HCPCS code. The application of a prefabricated splint is included in the E/M and would not be billed as a separate CPT code.

*Source: ACEP Orthopedic Fracture/Dislocation FAQ, May 2024*

# Splint/Strapping/Cast Removal or Repair

*Codes for cast removals should be employed only for casts applied by another individual.*

- *29700 Removal or bivalving; gauntlet, boot or body cast*
  - *29705 full arm or full leg cast*
  - *29710 shoulder or hip spica, Minerva, or Risser jacket, etc.*
- *29720 Repair of spica, body cast or jacket*
- *29730 Windowing of cast*
- *29740 Wedging of cast (except clubfoot casts)*
- *29750 Wedging of clubfoot cast*



*Source: 2025 CPT Manual, page 207*

# Summary ED Ortho

- More and more fracture care is performed in the ED
- Fracture Care codes per. CPT: *The physician or other qualified health care professional providing fracture/dislocation treatment should report the appropriate fracture/dislocation treatment codes for the service he or she provided.*
- Coding of Splint/Straps/Casts services appropriate if performed and fracture treatment, per CPT, not performed

*Source: 2025 CPT Manual, page 133*

# Questions

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